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TRANSCRIPT ORDER FORM

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	750	2a. Contact Phone Number	(415) 995-	-5129	3a. C	ontact E-mai		orso@hansonbridgett	.com
	klin	2b. Attorney Phone Number		-5086	3b. A	ottorney E-ma oddress		nklin@hansonbridgett	com
SS (INCLUDE LA	IW FIRM NAME, IF APPLICABLE)	5. Na	me & Role of	9.7					
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t LLF et, 26th Floor 2A 94105			se Name	Spencer,	et al. v. Lu	ınada Bay	Boys, et	al.	
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R PORTIONS OF I	HEARINGS (Attach additional pages if grary must be attached here or emailed	essary.	. ب	LECT FORMA		VECF access inc ourchase of tran	luded script.)	c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE
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OMMENTS, INST	TRUCTIONS, QUESTIONS, ETC. CIA	1 Orders: Explain nece	ssity of non-app	eal orders & sp	ecial authoriz	cations to be r	equested in	1 Section 14 of CJA-24 Vouch	er (attach add¹ pages if needed).
1a. Contact Person for this Order 1b. Attorney Name (if different) AAILING ADDRE Hanson Bridget 425 Market Stre 425 Market Stre San Francisco, C San Francisco, C San Francisco, C THIS TRANSCRIPT(S) I THANSCRIPT(S) I THANSCRIPT(S) I ATTANSCRIPT(S) I ATTANSC	CENTRAL DISTRICT OF for this Order 1a. Contact Person for this Order 1b. Attorney Name Kurt A. Franklif different) 1c. MAILING ADDRESS (INCLUDE LA 425 Market Street, 26th Floor San Francisco, CA 94105 2an Francisco, C	CENTRAL DISTRICT OF CALIFORNIA direct contact Person Ann D. Ghiorso	CENTRAL DISTRICT OF CALIFORNIA Aircactly immediately after this Order a. Contact Person Ann D. Ghiorso B. Contact Phone Interest Ann D. Ghiorso B. Contact Phone Interest Interest	Ann D. Ghiorso	Ann D. Ghiorso Annon-General Parameter Phone (415) 995-5129	Ann D. Ghiorso 21. Contact Phone (415) 995-5129 3a. Contact Phone (415) 995-5129 3b. A Number 2b. Attorney Maner 2b. Attorney 2b. Attorney Maner 2b. Attorney Maner 2b. Attorney 2b. Attorney	a. Contact Phone (415) 995-5129 3a. Contact Number (415) 995-5129 3b. Attorney Phone (415) 995-5129 3b. Attorney Number 5. Name & Role of Plaintiffs Cory Spencer, et al. v. Lunada 6. Case Name Spencer, et al. v. Lunada 7a. District Court 2.16-cv-02129-5JO-RAO Case Number Court REPORTER: (CMECF ac Number 1.15 sealed, a court 2.16 court 3.2 b. SELECT FORMAT(S) 2.2 conditions or unite, transcript is requested, format(s), and delivery type): (CMECF ac Name Sor unite). Ascill PAPER SED Acc Conditions are cuested. (Court of the conditions are condited. (Court of the conditions are conditions are conditions are c	tress ress ress ress ress ress ress ress	A FPD A Provide hase of transcript.) You MUST chees are granscript.) Nowbe of transcript.) OOWER WORD (web) OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure Date payment under the Criminal Justice Act.

August 18, 2017